Electronic Articles of Organization
For
Florida Limited Liability Company

L16000041821
FILED 8:00 AM
February 29, 2016
Sec. Of State
ccave

Article I

The name of the Limited Liability Company is:

INDEPENDENCE FOR FLORIDA HOME HEALTH. LLC

Article II

The street address of the principal office of the Limited Liability Company is:

5719 RIORDAN WAY
ORLANDO, FL. 32808

The mailing address of the Limited Liability Company is:

PO BOX 682474
ORLANDO, . 32868

Article III

Other provisions, if any:

N/A

Article IV

The name and Florida street address of the registered agent is:

TANYA BLAKE
5719 RIORDAN WAY
ORLANDO, FL. 32808-243

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: TANYA S BLAKE

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Article V

The name and address of person(s) authorized to manage LLC:

Title: CEO
TANYA BLAKE
5719 RIORDAN WAY
ORLANDO, FL. 32808

Title: MGR
RAYMOND BLACK
5719 RIORDAN WAY
ORLANDO, FL. 32808

Title: AMBR
RENARDO BLACK
5719 RIORDAN WAY
ORLANDO, FL. 32808

Article VI

The effective date for this Limited Liability Company shall be:

03/15/2016

Signature of member or an authorized representative

Electronic Signature: TANYA S BLAKE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.